

## REQUEST FOR RETIREMENT ANNUITY

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Work telephone number: \_\_\_\_\_ Organization and routing symbol: \_\_\_\_\_

Room #: \_\_\_\_\_ Projected Retirement Date(s): \_\_\_\_\_

Sick Leave Balance \_\_\_\_\_ as of: \_\_\_\_\_ (date)

Retirement Contributions to Date (Cumulative for this agency is reflected in ESS in the drop down menu "Review" and then "Earnings Statement Summary"; also include all "other" gross pay earnings (earnings from other Federal employers/agencies other than DOE) to "This agency's cumulative amount"):

\$ \_\_\_\_\_ CSRS\* \$ \_\_\_\_\_ FERS\*

NOTE: This amount will only be used to calculate the NON-TAXABLE portion of your annuity. This does not impact or reflect the actual annuity monthly payment. The non-taxable portion ends when the total of all benefit payments excluded from taxes equals the amount of your contributions.

1. Type of retirement you wish to apply for: *EARLY* *OPTIONAL* *FERS MRA+10* *DISABILITY*

2. Which retirement system are you currently under? *CSRS* *CSRS OFFSET* *FERS*

YES

NO

3. Did you transfer from CSRS to FERS?

Approximate date of transfer \_\_\_\_\_

Sick Leave balance at time of transfer to FERS \_\_\_\_\_

4. Do you want a survivor annuity computed?

a. If yes, spouse's date of birth \_\_\_\_\_

b. If CSRS, will you elect full survivor benefits (55%) \_\_\_\_\_

If no, what base amount will you use? \_\_\_\_\_

c. If FERS, will you elect:

Full Survivor Benefits;

1/2 (50%); or

No benefit

5. Do you have any part-time Federal civilian service since 4/1/86?

6. Have you ever left Federal service and withdrew you retirement deductions?

If no, go to question 7.

a. Approximately what year?

b. Since you've returned to service, have you redeposited that money?\*\*\*

If no, go to question 7.

c. If redeposit is not complete, estimated amount of payments made \$ \_\_\_\_\_

d. Will redeposit be completed by time of retirement?

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7. Have you ever held any temporary Federal civilian positions with the government? \_\_\_\_\_
- If no, go to question 8.
- a. Have you made a deposit for that time? \*\* \_\_\_\_\_
- If no, go to question 8.
- b. Is deposit complete? \_\_\_\_\_
- If yes, go to Question 8.
- c. Estimate amount of payment made \$ \_\_\_\_\_

YES

NO

8. Do you have any Military service/time? \_\_\_\_\_
- If no, go to question 9.
- a. Was any of the service post 1956? \_\_\_\_\_
- If no, go to 8c.
- b. Has a deposit for military service/time been made? \*\*\* \_\_\_\_\_
- c. Are you receiving retired military pay? \_\_\_\_\_
- d. Is your retirement based on combat incurred injury or disease? \_\_\_\_\_
- e. Will you be waiving your military retirement pay? \_\_\_\_\_

9. To continue health benefits into retirement, you must have health coverage for the 5 years immediately preceding your retirement, or from your first opportunity to enroll (this includes Tricare for military).

If eligible, do you want to continue health benefits coverage during retirement? \_\_\_\_\_

If yes, enrollment  
code: \_\_\_\_\_

10. To continue life insurance coverage into retirement, you must have had coverage for the 5 years immediately preceding your retirement. If eligible, your annuity estimate will include a deduction for Federal Employee Group Life Insurance.

FEGLI Code: \_\_\_\_\_

Before retiring, you will be required to select a reduction level for your basic insurance. Please check the reduction level you would like to be calculated for your retirement computation.

\_\_\_\_\_ 75% reduction (at age 65 basic insurance will decrease by 2% per month until it reaches 25% of the original amount) (least expensive option)

\_\_\_\_\_ 50% reduction (at age 65, basic insurance will decrease by 1% per month until it reaches 50 of original amount).

\_\_\_\_\_ No reduction (there is no change in amount of basic coverage regardless of age) (most expensive option)

11. The estimated Federal Taxes to be withheld may be computed:

Single \_\_\_\_\_ Married \_\_\_\_\_ Number of Exemptions Claimed: \_\_\_\_\_

12. If filing under either CSRS Offset or FERS retirement, please submit a copy of your most recent Social Security statement to aid in the computation of our annuity supplement.

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**13. If retiring, please provide the following information to assist in the preparation of your forms:**

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

\* These can be found on your pay statements

\*\* You will be given the opportunity to make these payments upon retirement if you wish to do so.

\*\*\* Post '56 military deposit **MUST** be PAID IN FULL BEFORE retirement – you will NOT be given the opportunity to make this payment after retirement.